

FILED
May 18, 2001 8:00 am
Secretary of State

05-18-2001 91586 049 ***150.00

PO0000059862

JOSE M. Ortiz, P.A. ✓

A0070301

Principal Place of Business 15946 SW 83 Terr Mia, FL 33193	Mailing Address 15946 SW 83 Terr MIA, FL 33193
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 15351 SW 146 St Suite, Apt. #, etc.	3. Mailing Address 15351 SW 146 St Suite, Apt. #, etc.
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City & State MIAMI, FL	City & State MIAMI, FL	4. FEI Number 05-1015354	Applied For Not Applicable
Zip 33196	Country USA	Zip 33196	Country USA

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent
 Ortiz, Jose M.
 15946 SW 83 Terr
 MIA, FL 33193

7. Name and Address of New Registered Agent
 Name: Ortiz, Jose M.
 Street Address (P.O. Box Number is Not Acceptable): 15351 SW 146 St
 City: MIAMI FL Zip Code: 33196

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: *Jose M. Ortiz* Jose M. Ortiz Pres DATE: 4/27/01
Signature and or printed name of registered agent and the if applicable. (NOTE: Registered Agent signature required when re-registering)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW! FEES \$150.00
 Filing Fee and Fee on Assets
 Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PP Ortiz, Jose M. 15946 SW 83 Terr MIAMI, FL 33193	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PP Ortiz, Jose M. 15351 SW 146 St MIAMI, FL 33196	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the recipient or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Jose M. Ortiz* Jose M. Ortiz Pres DATE: 4/27/01 305-962-2610
Signature and typed or printed name of signing officer or director Date Filing Price #

CPD 05/18/01